

WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

(START CARD) # 133630

Instructions for completing this report are on the last page of this form

(1) OWNER: Well Number: _____
 Name **D. SCOTT & GINGER JOHNSTON**
 Address **13619 HWY. 66**
 City **KLAMATH FALLS** State **OR** Zip **97601**

(2) TYPE OF WORK:
 New Well Deepening Alteration (repair/recondition) Abandonment

(3) DRILL METHOD:
 Rotary Air Rotary Mud Cable Auger
 Other

(4) PROPOSED USE:
 Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other

(5) BORE HOLE CONSTRUCTION:
 Special Construction approval Yes No Depth of Completed Well **310** ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount	
Diameter	From	To	Material	From	To	sacks or pounds	
14	0	19	CASING SEAL	0	19	9 SACKS	
10	19	310					

How was seal placed: Method A B C D E
 Other **POURED**
 Backfill placed from _____ ft. to _____ ft. Material _____
 Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 10	+1	20	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: NONE				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) **NONE**

(7) PERFORATIONS/SCREENS:

Perforations Method **NONE**
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
NONE						<input type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
20 GPM		200 FT.	1 hr.

Temperature of Water **60 F** Depth Artesian Flow found **NONE**
 Was a water analysis done? Yes By whom _____
 Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other _____
 Depth of strata: **NONE**

(9) LOCATION OF WELL by legal description:
 County **KLAMATH** Latitude _____ Longitude _____
 Township **39S** N or S. Range **08E** E or W. of WM. _____
 Section **29** **SW** 1/4 **SW** 1/4
 Tax lot **300** Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) **13619 HWY. 66**
KLAMATH FALLS, OR

(10) STATIC WATER LEVEL:
68 ft. below land surface. Date **4/23/2001**
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found **232 FT.**

From	To	Estimated Flow Rate	SWL
232	310	100 GPM	68

(12) WELL LOG: Ground elevation **4200**

Material	From	To	SWL
TOP SOIL	0	1	
YELLOW CLAY	1	3	
SANDY BROWN CLAY	3	31	
BROWN CLAY	31	123	
YELLOW CLAY	123	160	
BLUE CLAY	160	232	
BLUE CLAY W/STREAKS OF BLACK	232		
SAND		310	68

RECEIVED
 MAY 07 2001
 WATER RESOURCES DEPT
 SALEM, OREGON

Date started **4/22/2001** Completed **4/23/2001**

(unbonded) Water Well Constructor Certification:
 I certify that the work I performed on the construction, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to my best knowledge and belief.
 Signed _____ WWC Number _____ Date _____

(bonded) Water Well Constructor Certification:
 I accept responsibility for the construction, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.
 Signed *Stephen R. Hughes* WWC Number **777** Date **4/27/2001**